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## CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.6 &amp; 1.8

I CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED BY FACSIMILE TO THE PATENT AND TRADEMARK  
OFFICE ON THE DATE AND TO THE NUMBER SHOWN BELOW. FAX NO. 1-703-872-9306 COMPRISING SEVENTEEN (17)  
SHEETS INCLUDING THIS PAGE.

Date:

July 6, 2004

Samuel W. Apicelli  
Reg. No. 36,427

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/626,366  
Applicant : Cathy Ilyse Hess  
Filed : 07/24/2000  
Title : CLINICAL WOUND MANAGER AND METHOD  
TC/A.U. : 3626  
Examiner : FRENEL, VANEL

Docket No. : D4857-00006

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

TRANSMITTAL LETTER

Please find enclosed for filing:

- ☒ Request for Continued Examination (RCE) submitted in duplicate  
☒ Preliminary Amendment  
☒ Transmittal Letter. The Director is hereby authorized to charge the RCE fee required under 37 CFR 1.17(e), namely \$385.00 and the fee for three (3) independent claims in excess of three (3) independent claims, namely \$129.00, to Deposit Account No. 04-1679.  
☒ Certificate of Facsimile

Date:

7/6/04

Respectfully Submitted,

Samuel W. Apicelli

Samuel W. Apicelli

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